

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/635,730
	Filing Date	August 6, 2003
	First Named Inventor	Kirt Debique
	Group Art Unit	2194
	Confirmation Number	8859
<input type="checkbox"/> Sent via Express Mail Label No.:	Examiner Name	Kimbleann C. Verdi
	Attorney Docket Number	302132.01

ENCLOSURES <i>(check all that apply)</i>		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply (15 pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement with Form PTO/SB/08A (pages) <input type="checkbox"/> Response to Notice to File Missing Parts <input type="checkbox"/> A copy of the Notice to File Missing Parts Under 37 CFR 1.52 or 1.5	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Replacement Drawings() <input type="checkbox"/> Declaration <input type="checkbox"/> Newly Executed (pages) <input type="checkbox"/> A copy from a prior application (37 CFR 1.63(d)) (pages) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> General Power of Attorney (SB80) <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) ____	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt <input type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <p><u>CERTIFICATE OF MAILING OR TRANSMISSION</u> <u>(Under 37 CFR § 1.8(a))</u></p> <p>I hereby certify that this correspondence is being electronically deposited with the USPTO via EFS-Web on the date shown below:</p> <p><u>May 26, 2009</u> <u>/Rimma N. Oks/</u> Date Signature <u>Rimma N. Oks</u> Printed Name</p> </div> <div style="width: 60%;"> <p>Remarks <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required, or credit any overpayments, to Deposit Account No. 50-0463 for the above identified patent application.</p> </div> </div>		

SIGNATURE OF ATTORNEY OR AGENT					
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